

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO		Complete If Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/082,563
		Filing Date	2/23/2002
		First Named Inventor	Masahiro Ishida
		Group Art Unit	263-2611
		Examiner Name	
Sheet	/	of	/
			Attorney Docket Number
			ADTA 225.001 AUS

Examiner Signature		Date Considered	4/10/05
-----------------------	---	--------------------	---------

***EXAMINER: Initial if reference considered, whether or not citation is in conformance with NPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.**

¹ Unique citation destination number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

copy of papers
originally filed